

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:
JACQUELINE M HICKS
Debtor(s)

Case No. 16-08177

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 03/09/2016.
- 2) The plan was confirmed on 05/04/2016.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was dismissed on 01/11/2017.
- 6) Number of months from filing to last payment: 6.
- 7) Number of months case was pending: 12.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: NA.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$1,930.00
Less amount refunded to debtor	\$0.00

NET RECEIPTS:

\$1,930.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$365.92
Court Costs	\$0.00
Trustee Expenses & Compensation	\$90.71
Other	\$0.00

TOTAL EXPENSES OF ADMINISTRATION:

\$456.63

Attorney fees paid and disclosed by debtor:	\$0.00
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Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
AARON SALES & LEASE OWNERSHIP	Unsecured	0.00	NA	NA	0.00	0.00
AARON SALES & LEASE OWNERSHIP	Unsecured	0.00	NA	NA	0.00	0.00
AARON SALES & LEASE OWNERSHIP	Unsecured	0.00	NA	NA	0.00	0.00
ACL LABORATORIES	Unsecured	64.00	NA	NA	0.00	0.00
ADVOCATE HOME HEALTH SERVICE	Unsecured	450.00	NA	NA	0.00	0.00
AMERICAN FIRST FINANCE	Secured	500.00	NA	NA	0.00	0.00
AMERICAN FIRST FINANCE	Unsecured	500.00	803.37	803.37	0.00	0.00
America's Fi	Unsecured	0.00	NA	NA	0.00	0.00
America's Fi	Unsecured	0.00	NA	NA	0.00	0.00
AT&T MOBILITY II LLC	Unsecured	500.00	2,909.54	2,909.54	0.00	0.00
CITIBANK	Unsecured	0.00	NA	NA	0.00	0.00
CITIBANK	Unsecured	0.00	NA	NA	0.00	0.00
CITY OF COUNTRY CLUB HILLS	Unsecured	0.00	NA	NA	0.00	0.00
COMENITY CAPITAL	Unsecured	0.00	NA	NA	0.00	0.00
COMMUNITY HEALTHCARE SYS	Unsecured	11.70	NA	NA	0.00	0.00
DSG COLLECT	Unsecured	904.55	NA	NA	0.00	0.00
EVERGREEN REHABILITATION	Unsecured	700.00	NA	NA	0.00	0.00
FIRST INVESTORS FINANCIAL SVC	Unsecured	6,167.00	0.00	1,329.98	0.00	0.00
FIRST INVESTORS FINANCIAL SVC	Secured	7,800.00	15,296.98	13,967.00	1,220.62	252.75
IL DEPT OF HUMAN SERVICES	Unsecured	2,200.00	NA	NA	0.00	0.00
IL DEPT OF REVENUE	Priority	NA	1,215.44	1,215.44	0.00	0.00
IL DEPT OF REVENUE	Unsecured	NA	134.40	134.40	0.00	0.00
INTERNAL REVENUE SERVICE	Priority	NA	0.00	0.00	0.00	0.00
INTERNAL REVENUE SERVICE	Unsecured	9,963.99	11,253.95	11,253.95	0.00	0.00
JEFFERSON CAPITAL SYSTEMS LLC	Unsecured	856.00	856.31	856.31	0.00	0.00
MELANIE FITNESS CENTER	Unsecured	150.00	NA	NA	0.00	0.00
MUNSTER RADIOLOGY GROUP	Unsecured	NA	80.00	80.00	0.00	0.00
MUNSTER RADIOLOGY GROUP	Unsecured	NA	0.00	0.00	0.00	0.00
PATHOLOGY CONSULTANTS INC	Unsecured	NA	216.75	216.75	0.00	0.00
PROGRESSIVE FURNITURE	Unsecured	100.00	NA	NA	0.00	0.00
PROGRESSIVE FURNITURE	Secured	900.00	1,000.00	1,000.00	0.00	0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
RADIOLOGY IMAGING CONSULTANT	Unsecured	422.00	NA	NA	0.00	0.00
REGIONAL ACCEPTANCE CO	Unsecured	0.00	NA	NA	0.00	0.00
SPRINGLEAF FINANCIAL SERVICES	Unsecured	0.00	NA	NA	0.00	0.00
SPRINGLEAF FINANCIAL SERVICES	Unsecured	0.00	NA	NA	0.00	0.00
SPRINGLEAF FINANCIAL SERVICES	Unsecured	0.00	NA	NA	0.00	0.00
SPRINGLEAF FINANCIAL SERVICES	Unsecured	0.00	NA	NA	0.00	0.00
SPRINGLEAF FINANCIAL SERVICES	Unsecured	0.00	NA	NA	0.00	0.00
SPRINGLEAF FINANCIAL SERVICES	Unsecured	0.00	NA	NA	0.00	0.00
SPRINGLEAF FINANCIAL SERVICES	Unsecured	0.00	NA	NA	0.00	0.00
ST MARGARET MERCY	Unsecured	250.00	NA	NA	0.00	0.00
WELLS FARGO SERVICING	Unsecured	0.00	NA	NA	0.00	0.00
WOMENS HEALTHCARE OF IL	Unsecured	3,100.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:

	Claim Allowed	Principal Paid	Interest Paid
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$13,967.00	\$1,220.62	\$252.75
All Other Secured	\$1,000.00	\$0.00	\$0.00
TOTAL SECURED:	\$14,967.00	\$1,220.62	\$252.75
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$1,215.44	\$0.00	\$0.00
TOTAL PRIORITY:	\$1,215.44	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$17,584.30	\$0.00	\$0.00

Disbursements:

Expenses of Administration	<u>\$456.63</u>
Disbursements to Creditors	<u>\$1,473.37</u>
TOTAL DISBURSEMENTS :	<u>\$1,930.00</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 03/03/2017

By: /s/ Tom Vaughn

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.